

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01350

**Entity Name:** THE LAKES AT UNIVERSITY CENTER HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

191 PINE LANE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

PO BOX 3965  
TALLAHASSEE, FL 32315

**FEI Number:** 59-2659645

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROJAS, COLLEEN E  
191 PINE LANE  
CRAWFORDVILLE, FL 32327 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** COLLEEN E. ROJAS

03/03/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KELLY, COLLEEN  
Address        PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title            ST  
Name            FLEMING, STEPHANIE  
Address        PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title            D  
Name            THOMPSON, WAYNE  
Address        PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title            D  
Name            HARRIETT, STEVE  
Address        PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title            D  
Name            NELSON, DAVID M  
Address        PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** COLLEEN KELLY

PRESIDENT

03/03/2013

Electronic Signature of Signing Officer/Director Detail

Date